

## OCCUPATIONAL PENSION TRANSFER OUT FORM

Before you give us your personal information it is important that you know what your data protection rights are and how and why we use your personal information. This is set out in the Irish Life Data Privacy Notice which is always available on our website at https://www.irishlife.ie or you can ask us for a copy.

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Section 1 - Member and employment details
Plan number
Member name
Employer name
Date of withdrawal from scheme
Withdrawal due to Wind up on member leaving service Wind up on changing provider
f member left service please confirm date
Please confirm below where member is withdrawing from the scheme due to wind up or leaving service.
Date of joining service
Current salary (for employees)    €
Or
f 20% director, last 3 years salaries    Year Year
€ Year
€ Year
Section 2 - Transfer options
Please tick one option below.
A) Transfer to an occupational pension scheme  Please give the name of the employment the receiving scheme is in respect of?
riease give the name of the employment the receiving scheme is in respect of:
What is the Revenue approval or submission reference number of the receiving scheme?
Is the receiving scheme a small self-administered scheme? Yes No
If you answer Yes to the above question we need a copy of the Revenue approval letter in order to proceed.
Or  B) Transfer to a buy out bond/personal retirement bond
Or
C) Transfer to a PRSA
Or
D) Refund of the value of member contributions
Not allowed if:

• The member has completed more than 2 years in the pension scheme or is entitled to a statutory preserved benefit

No (

Note: Transfers to a PRSA will only be allowed where the member has been in the pension scheme for 15 years or less, the scheme is winding up or the member is changing employment. These restrictions do not apply to the transfer of AVCs. Further restrictions may apply.

Note: If the member chooses a refund of the value of their own contributions, standard rate tax must be deducted under Case IV of Schedule D from the refund. The value of employer contributions paid on the member's behalf will be refunded to the employer who should treat it as a trading receipt in the year of payment.

• The member is a 20% director.

under the Pensions Act 1990.

(E) Transfer to an Overseas Pension Scheme

Country where new scheme is contracted

Are you currently employed in that country?

• If there has been no member contributions made to the scheme.

Note: The overseas transfer form must be completed by the member and receiving scheme in addition to this form.

Section 3 - Payment	t d	et	tai	ils																									
The cheque will be drawn in the nar	me o	f th	e ir	ısura	ano	ce c	on	пра	ny/	/tru	ste	e/F	PRS	Αŗ	oro	vic	der	to	wł	nicl	n th	ie t	ran	sfe	r is	bei	ng	ma	de.
Name of insurance company														Τ	T	T							Т	Г	Т	Τ	Г		
Cheque payee														T	T	T	T					Γ	Т	Т	Т	Т	Т		
Address to which cheque will be sen	ıt													T	T	T	T					Γ	T	Т	Т	Т	T		
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Receiving arrangement policy														T	Ť	Ť	Ť					_	$\overline{}$	1					
reference		<u> </u>						<u> </u>		<u> </u>				<u></u>	<u> </u>	<u> </u>	<u> </u>					L	$\perp$	] 7					
Contact name	L																					L	上	_					
Section 4 - Pension	A	djı	us	tn	16	en	t	0	rc	le	r																		
Has a notice to Trustees been receiv	∕ed ir	n cc	onn	ectio	on	wit	h a	ιjuc	dici	al s	ера	ırat	ion	or	div	or/	ce	of	thi	s n	nen	ıbε	r?	Ye	s (	$\bigcirc$	Ν	lo (	$\bigcirc$
Has a Pension Adjustment Order be				or is	in	the	pr	oce	SS	of b	ein	g i	ssu	ed	in	es	ре	ct (	of p	oer	nsic	n			(			,	
benefits held on behalf of the above												_					_			_				Ye		<i>)</i>		lo (	)
If this section is not completed, been issued on the pension plan		WIII	as	sum	ıe	tna	it a	l N	oti	ce ·	0	ıru	ste	es	or	а	re	ns	ıor	ı A	ajı	IST	me	nt	Ore	aer	na	ıs n	ot
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> Section 5 - Trustee	de	cl	ar	at	ic	on	١																						
(Must be the trustee of	f th	e r	ola	an i	าเ	ı٣	ıb	er	b	ei	ng	C	lai	im	ie	d)	)												
I hereby declare that, I being Truste											_							nt	กลา	vał	ole :	as i	indi	cat	ed.	car	nce	llin	σ all
risk benefits from the date of withdr																													
where applicable			ما لم		ha	c b			سما	.:++.	ط f	<b>~</b> " .			ام،	h.,	+h.	<b>.</b> Г	) a			<b>C</b> •				0			
<ul><li>the receiving scheme has been a</li><li>the receiving PRSA plan has bee</li></ul>			-													-									OH	ers			
I confirm that when all the assets of				-																				-	e sh	ıall	the	n b	е
deemed to be terminated.																													
I confirm that where the scheme do  the member's benefits be transfer				-																				-					
Revenue Commissioners for con				CCIN	,	5 5		,,,,,	. ••	1101	c ai	۱ ۵۱	J P II	cai	.101		)1 u	44	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	vai	i ia.	, 50	2011	Jui	3111	itte	u tt	J (11	_
the member to opt for the ARF/AI	MRF	opt	tion	in a	CC	orda	anc	e w	/ith	Se	ctio	n 7	72	of t	he	Ta	xes	C	ons	soli	dat	ion	Ac	t 19	197	, as	am	enc	led.
Signature of trustees	X																												
Name in block capitals																													
Position in company														Τ		T							Т	Т	Т	Τ	Г		
Date			/			/																							
If you have appointed an independe	ent c	omi	pan	ıv to	ac	t as	s tr	uste	ee t	the	า า th	ev	тı	ıst	giv	e t	hei	r a	.gre	een	ner	ıt b	efo	re۱	we	car	ı pa	ıv a	
transfer. Irish Life will arrange this by																											'	,	
Section 6 - Member	' de	ec	la	ra	ti	O	n																						
(to be completed in all	cas	ses	5)																										
I hereby instruct the Trustees that, o																												,	
scheme) as noted in this form, the b PRSA. I understand that no pension																													ı
effect from the date of the transfer/	refur	nd.	In c	cons	ide	erat	ior	n of	the	e pa	ıym	en	t of	an	ар	pr	орі	riat	te t	rar	ısfe	er to	o th	ie s	ele	cte	d so	he	пe,
PRB, or PRSA, I hereby release both benefits thereunder with effect from																													
means that I will not receive a benef																													of
the scheme have been disposed in a																										_			
Signature of member	X	(																											
Name (CAPITAL LETTERS)																													
Date			/			/																							



If yes, please provide a copy of the Pension Adjustment Order.

Complete in all cases, unless you have appointed an independent company to act as trustee.